PTO/SB/06 (12-04)

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Substitute for Form PTO-875									Application or Docket Number 66638-41471				
APPLICATION AS FILED (Column 1) (Column 2)							SMALL ENTITY			OR	OTHER SMALL		
	FOR	NUMBI	NUMBER FILED		NUMBER EXTRA		RATE (\$)		FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))		(c))											
SEARCH FEE (37 CFR 1.16(k), (l), or (m))		m))	N/A		N/A		N/A				N/A		
	AMINATION FEE CFR 1.16(o), (p), or (q)) l	N/A		N/A		N/A				N/A		
TOTAL CLAIMS (37 CFR 1.16(i))		21	21 minus 20 =		* 0		x	=	0.00	OR	x =	0.00	
	DEPENDENT CLAIMS CFR 1.16(h))	2	2 minus 3 =		* 0		х	=	0.00		x =	0.00	
FEI	PLICATION SIZE E CFR 1.16(s))	sheets of p is \$250 (\$1 additional	aper, th 25 for s 50 shee	e application sizemall entity) for each ts or fraction the	rawings exceed 100 lication size fee due intity) for each action thereof. See id 37 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								I/A			N/A		
* If the difference in column 1 is less then zero, enter "0" in column 2							TOTAL 0.		0.00		TOTAL	0.00	
AMENDMENT& RESPONSE A (AS FILED) (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OR	OTHER THAN R SMALL ENTITY		
INT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESEN EXTRA			E (\$)	ADDI- TIONAL FEE (\$)	RATE (\$)		ADDI- TIONAL FEE (\$)	
AMENDMENT	Total (37 CFR 1.16(i))	* 21	Minus	** 21	=	0	x	0 =	0.00	OR	x 0=	0.00	
EN	Independent (37 CFR 1.16(h))	. 5	Minus	*** 3	=	2	×	0 =	0.00	OR	x 200.00 =	400.00	
A	Application Size Fee (37 CFR 1.16(s))												
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								N/A		OR	N/A		
								FEE	0.00		TOTAL ADD'L FEE	400.00	
		(Column 1) CLAIMS	1	(Column 2)	(Column	3)		- 					
NT B		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESEN EXTRA		RAT	E (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
AMENDMENT	Total (37 CFR 1.16(i))	*	Minus	**	=		×	=		OR	x =		
핇	Independent (37 CFR 1.16(h))	*	Minus	***	=		x	=		OR	x =		
₹	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							N/A		OR	N/A		
							TOTAL ADD'L			OR	TOTAL ADD'L FEE		
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". 													

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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